

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214522542				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: REPUBLIC-FRANKLIN INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MATTHEW J LUPINO 1100 BOULDERS PARKWAY SUITE 300 PO BOX 13560 RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: OH</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2014</p> <p>SCC ID NO: F0508178</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000,000
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COMMON	1,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2600 CORPORATE EXCHANGE DR</p> <p style="text-align: center;">CITY/ST/ZIP: COLUMBUS, OH 43231</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: J DOUGLAS ROBINSON TITLE: CEO/CHAIRMAN ADDRESS: 180 GENESEE STREET CITY/ST/ZIP/CO: NEW HARTFORD, NY 13413 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: J DOUGLAS ROBINSON TITLE: CEO/CHAIRMAN ADDRESS: 180 GENESEE STREET CITY/ST/ZIP/CO: NEW HARTFORD, NY 13413	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN J POPE, SR. DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA E ROMANO DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD PATRICK CREEDON PRESIDENT & COO 180 Genesee Street New Hartford, NY 13413	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLARENCE WILLIAM BACHMAN DIRECTOR 180 Genesee Street New Hartford, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN PATRICK LYTWYNEC DIRECTOR 180 Genesee Street New Hartford, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC KEITH SCHOLL DIRECTOR 180 Genesee Street New Hartford, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KRISTEN H MARTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KRISTEN H MARTIN, EVP & SECRETARY PRINTED NAME AND CORPORATE TITLE	4/29/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			